



12-7-06

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**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	10/623,474
Filing Date	July 18, 2003
First Named Inventor	Paolino Schillaci
Art Unit	2186
Examiner Name	Tuan V. Thai
Attorney Docket No.	856063.743

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input type="checkbox"/> Information Disclosure Statement and Transmittal	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Change of Correspondence</u>
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>Address Application</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	38106
Signature			
Printed Name	David V. Carlson		
Date	December 4, 2006	Reg. No.	31,153

CERTIFICATE OF TRANSMISSION/MAILING

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CHANGE OF CORRESPONDENCE ADDRESS Application		
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/623,474
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I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.)
- ☒ Attorney or Agent of record. Registration Number 31,153
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or
Printed Name David V. Carlson

Date December 4, 2006

Telephone 206-622-4900

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ *Total of _____ forms are submitted.